| DEPARTMENT OF PUBLIC HEALTH AND WELFARE, | | | | | | |
|--|----------------|---------|--------------------------|--|------------|--|
| | | - U B | Registration District No | | | |
| ON THIS STUB | AM | AMENDED | | FILED APR 2 3 1969 | | |
| . vs 300 | lo l | 1 1 | ı | | ission) | |
| Rev. 4/59 | AMENDED | | | Chariton Mo. Chariton | e Limits | |
| | 逼 | | | OR OR | No □ | |
| 6210 | ₹ | | | Velices delices delices delices delices del velices de | on Farm | |
| | DATE | | | HOSPITAL OR | No M | |
| 20210 | | | ļ I | | | |
| 3 | | | 1 | 3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) OF | Year | |
| 4 0 | | | | HATTING MEDITOT WHITE SINTE TIMES | DER 04 111 | |
| | | | | 5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) 1F UNDER 1 YEAR IF UN Widowed Divorced 1 1 1 1 2 2 2 1 1 1 2 2 2 1 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 2 1 1 2 2 2 2 1 1 2 | | |
| 5 🔿 | | | | Male Widowed Divorced Land 1914 48 Months Days Hours 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT C | OUNTRY | |
| 6 | g | | | during most of working life, even if retired) | CONTRA | |
| | 5 | | | Sales Clerk Salesman Keytesville Mo. U.S.A. 136. FATHER'S NAME 144. NAME OF HUSBAND OR WIFE | | |
| 7 0 | 팅 | | | Edward Ewing Ada Weninger | | |
| 8 2 | اام | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address | · · · | |
| 01/0 | ۲ | | | Yes, no, or unknown) (If yes, give war or dates of service Yes World War # 2 Mrs. Ada Ewing Keytesville. | Mo. | |
| 94222 | ¥ | 1 [| 5 | 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: | | |
| 10 | a | | 寧 | IMMEDIATE CAUSE (a) Valuouary edema (day | Z | |
| 11 | | | DOCUMENT | Musiculate Chose (e) | | |
| 1000 | FAD | | 8 | Conditions, if any, DUE TO (b) Myseardets doubt | love | |
| | 0 2 | | | which gave rise to above cause (a), | | |
| 13/-0 | ┋╠┋┼ | ╂╾┣━ | | stating the under- lying cause last. DUE TO (c) | | |
| | 5 | | | | emale wa | |
| و | 0 | | | disease condition given in PART I (a) there a pregnancy in Iz | Unknow | |
| 1 | 됩 | | | 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of item | | |
| ž | AMENDMEN | | | Yes No C 19. WAS AUTOPSY 20a, ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item PERFORMED?) YES NO ID | 10., | |
| [| 돌 | | | | <u></u> | |
| J 6 | ₹ | | | 20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. | | |
| BLACK INK OR RITER RIBBON | | | | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY | STATE | |
| | | 1 | | WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK | | |
| TER OF | READ | |] | 21. I attended the deceased from April 16, 1962, to Spil 17, 1962 and last saw him alive on april 16, 19 | 1/2 | |
| _ ₹ _ F | 쀨 | | | 2130 P. / / / / / / / / / / / / / / / / / / | | |
| USE BLAC OR TYPEWRITER | SHOULD | |] I | | AJE SIGNE | |
| ^ Si = | 모 | | Ö | 0 0 0 1 1 74 1 70 74 | G // 2 | |
| · F | <u> S</u> | | 5 | 23a, BURIAL, CREMATION, 23b, PATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Sta | 0/86 | |
| | O _Z | | AFFIDAVIT | DEHOWAL (Specify) | | |
| : . | Z | | 부 | Burial 4-19-1962 City Cemetery Keytesville Mo. 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE | | |
| | ITEM | | Β, | 2/4) Muy 99 Keytesville, Mo. April 19,1962 Anallking on Oline of | لمدل | |
| - 1 | 1 | 1 | I - I | (Licensed Embalmer's Statement on Reverse Side) | | |
| | | | | fermina rumanus, a statement ou vestosa dista | | |

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STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name | is recorded on the reverse side of this certificate was embalmed by me, |
|---|---|
| or by | , Student Embalmer No |
| working under my personal supervision. | Signed Lilberry K Tillatson |
| Student | _ Signed Lelleun K fellalfon |
| Signature of Student Embalmer | Licensed Embalmer No. 4508 |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.